



2024 BCAT Scholarship Application

(Please Type/Print)

NAME of APPLICANT _____ DATE _____

HOME ADDRESS _____

CITY _____ ZIP _____ PHONE _____

HIGH SCHOOL _____ CITY _____

NAME of BCAT Member (Print): _____

E-MAIL _____ G.P.A. _____

CLASS RANK _____ out of _____ ACT / SAT _____

*** APPLICANT MUST INCLUDE YOUR 7th SEMESTER or 11th TRIMESTER TRANSCRIPT WITH THIS FORM***

Please Note: Applicant must provide records of community service and honors received with contact information for verification.

BRIEFLY EXPLAIN YOUR CAREER PLANS: (You May Attach any further details as needed)
